

TOWN OF WESTPORT

SUBMIT TO

Westport Conservation Department
Town Hall – Room 205
Westport, CT 06880
Phone: 203-341-1170
Fax: 203-341-1088

FOR OFFICE USE ONLY

File # _____
Date Filed: _____
Class: _____
Fee: _____ Date _____
Rec'd: _____
☐ Cash ☐ Check
Final Inspection Y / N
As Built Required Y / N

**APPLICATION
WESTPORT CONSERVATION DEPARTMENT**

PROJECT LOCATION: _____

ASSESSOR'S MAP #: _____ **TAX LOT #** _____

APPLICANT OR AGENT**OWNER**

NAME _____

ADDRESS _____

**HOME
TELEPHONE** _____

**WORK
PHONE** _____

EXISTING CONDITIONS (Describe existing property and structures):

PROJECT DESCRIPTION/PURPOSE (Describe the proposed activity):

I hereby depose and say that all statements contained herein and all exhibits attached hereto are true and binding to the best of my knowledge:

(Signature of Applicant)

(Date)

The act of applying to the Conservation Commission and/or Department implies consent to the proposed activity, and grants permission to the Conservation Commission/Department and its agents to inspect the property herein described for the purpose of resource inventory, impact analysis, and compliance investigation at any time beginning on the date of the application filing, and extending through the pendency of any permit issued, or in the event of permit denial, for the purpose of compliance control.

(Signature of Property Owner)

(Date)

FOR DEPARTMENT USE ONLY

1. DEPARTMENT FINDINGS:

After preliminary review by department staff, the following areas, resources and levels of environmental licensure have been identified:

- ☐ Wetland(s) / Watercourse(s), section: _____
☐ Non-regulated Activity
- ☐ Wetland / Watercourse Setback(s), section: _____
☐ Non-regulated Activity
- ☐ Waterway Protection Line(s) section: _____
☐ Non-regulated Activity
- ☐ Aquifer, section: _____
☐ Non-regulated Activity
- ☐ Other: _____
☐ Non-regulated Activity
- ☐ Permit Required
- ☐ Fee \$ _____
- ☐ Permit Required
- ☐ Fee \$ _____
- ☐ Permit Required
- ☐ Fee \$ _____
- ☐ Permit Required
- ☐ Fee \$ _____

STATE FEES\$ _____

NOTICE FEES\$ _____

TOTAL FEE DUES\$ _____

The application has been classified as requiring the following ruling:

- ☐ DECLARATORY
- ☐ SUMMARY
- ☐ PLENARY

Public Hearing of the application by the Conservation Commission: ☐ is not required.
☐ is scheduled for _____.

Westport/Weston Health District Approval: _____ Public Sewer: Yes | No

Comments: _____

2. REQUEST FOR ADDITIONAL INFORMATION:

Please submit the information referenced in the attached schedule(s) by 4:00 p.m. on the _____ day of _____, 20____ .

Schedule(s): ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

Other: _____

3. RESTRICTION, CONDITIONS AND LIMITATIONS:

This review is valid for a period of six (6) months from the date of review, shown below, and is subject to the following data/plan(s)/stipulation(s): _____

Reviewed by: _____

(Department Staff Signature)

(Date)